

U.S. Coast Guard Private Aids to Navigation Application (CG-2554) Questionnaire

The following questions are taken from the "Private Aids to Navigation Application (CG-2554)." If all of the below information is provided, an application can be drafted and sent to you for your signature, then returned to this office for final approval.

1. Action requested for private aids to navigation: (<i>pick one</i>)
A. Establish and maintain
B. Discontinue
C. Change
D. Transfer ownership
2. Date aids to be installed. (<i>dd/mmm/yy</i>)
3. Aids will be operated: (<i>pick one</i>)
A. Throughout the year.
B. Temporarily. (<i>dd/mmm/yy</i>) From: _____ To: _____
C. Annually. (<i>dd/mmm/yy</i>) From: _____ To: _____
4. Necessity for aid. (What does the aid mark or identify?)
5. General Locality. (Name of waterway, land mass or object.)
6. Army Corp of Engineers authorized this structure or buoy by: (<i>pick one</i>)
A. Permit (give file # and date)
B. Letter (give file # and date)
<i>Note: Please include a copy of your permit or letter with your questionnaire.</i>
7. Indicate the following: (NOTE: This information is for EACH aid.)
A. GPS or surveyed position of each aid given in Latitude / Longitude as shown. (00-00-00.000N, 000-00-00.000W) <i>Note: Additional space is available in block 12.</i>
B. Depth of water (Given in feet for floating aids such as buoys.)
C. Height above the water (Given in feet for fixed structures.)
D. Structure (Type, color, height above the ground if not a floating aid)
8. Additional comments. (Give any amplifying information.)

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9. Name and address of person in direct charge of aid.
10. Telephone number. (primary and secondary or fax.)
11. Name and address of person or corporation at whose expense aid is maintained.
12. Additional information.